

REQUEST FOR PAID-UP POLICY INFORMATION

This form is to be used to request information regarding a paid-up policy. Please be sure to read this entire document.

In the case the insured is not deceased we will only supply this information to the following:

- (1) The policyholder with identification that they are the policyholder; or
- (2) The person holding a power of attorney that allows for this type of information request, or other court appointed personal representative.

In the case the insured is deceased please supply the following:

- (1) A certified copy of the death certificate for the insured; and
- (2) Documentation identifying the requestor as a beneficiary, policyholder, executor, administrator or other court appointed personal representative.

Please supply as much of the information below so that DOI can better identify your request. Lines indicated with an * are required.

* Your name: _____

* Your complete address: _____

* Your telephone number: _____

Your relationship to the policyholder: _____

Your relationship to the insured: _____

* The name of the policyholder: _____

* The name of the insured: _____

* The insured's date of birth: _____

The policyholder's address: _____

The policy number: _____

The date the policy was paid up: _____

The name of all of the beneficiaries: _____

* Signature

* Date